

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	9-4		9/31/00
O.I.P.E. CLASSIFIER			9-6-00
FORMALITY REVIEW	WAB	709176	10-12-00
RESPONSE FORMALITY REVIEW			

001
09/643,912

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	Original
1	4/18/01
2	5/15/01
3	5/15/01
4	5/15/01
5	5/15/01
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50	5/15/01

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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